

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
)	
Elizabeth R. DYOR)	Group Art Unit: Not Yet Assigned
)	
Serial No.: New U.S. Patent Application)	Examiner: Not Yet Assigned
)	
Filed: September 18, 2000)	
)	
For: FINANCIAL MANAGEMENT)	
SYSTEM)	

Commissioner for Patents
Washington, D.C. 20231

DECLARATION FOR PATENT APPLICATION

Sir:

As a below-named inventor, I hereby declare that:

MY residence, post office address, and citizenship are as stated below next to MY name.

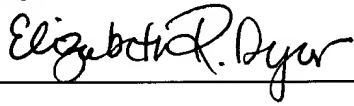
I believe I am the original, first, and sole inventor of the subject matter that is claimed and for which a patent is sought on the invention entitled FINANCIAL MANAGEMENT SYSTEM, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefits under Title 35, United States Code § 119(e) of United States Provisional Application No. 60/155.102, filed September 22, 1999.

I hereby declare that all statements made herein of MY knowledge are true and that all statements made of information and belief are believed to be true; and further that these statements were made with a knowledge that willful false statements in like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE INVENTOR		
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Post Office Address Same as residence	City Same as residence	State and Zip Code Same as residence
Date 9-18-2000	Signature 	

Please type a plus sign (+) inside this box → +

PTO/SB/82 (11-96)

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	Not Assigned
	Filing Date	Filed Herewith
	First Named Inventor	Elizabeth R. Dyor
	Group Art Unit	Not Assigned
	Examiner Name	Not Assigned
	Attorney Docket Number	77777.008529

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

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☐ Please change the correspondence address for the above-identified application to:

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☒ Applicant.

☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Elizabeth R. Dyor
Signature	
Date	9-18-2000

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